

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3		✓				
4		✓				
5		✓				
6		✓				
7						
8						
9		✓				
10		✓				
11		✓				
12		✓				
13		①				
14		①				
15	1					
16		1				
17		1				
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50						
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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56						
57						
58						
59						
60						
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100						
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	